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THE HEALTH OF THE SCHOOL CHILD IN DORSET



ANNUAL REPORT
of the
Principal School Medical Officer
for the year
1953

A. A. LISNEY, M.A., M.D., D.P.H.

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FOREWORD

Staff

Dorset is in the fortunate position of having no material staff problems within the school health service; the establishment of dental officers being almost complete, while that of health visitors, who also act as school nurses, has never given rise to anxiety.

Officers of the Ministry of Education visited the county in order to carry out a survey of the dental service and, as a result, greater uniformity with national policy and standards of treatment has been achieved.

Special Surveys

The survey of school leavers sponsored by the Social Medicine Unit, Oxford University, still continues and when completed should provide information of considerable value to those whose responsibility it is to select scholars for university training.

A second enquiry was commenced during the year at the instigation of the Institute of Child Health, University of London, who are collecting information concerning the incidence of accidents and illness, and of the growth and development of the school child.

Research of this nature, conducted on scientific lines, provides the basis of all progressive measures instituted for the improvement of health and welfare, and the solution of many problems is only to be found by an analysis of the work being carried out in the realms of local government.

During the year the sanitary survey of schools which this department commenced in 1950, was completed, and in May a report was submitted to the committees concerned.

Reference to the principal findings of the survey is made in the relevant section of this report and although in some respects these were disturbing, they were no worse than had been anticipated. The detailed information obtained has already been, and will continue to be, of considerable value, especially in providing a guide as to the schools where attention to sanitary and hygiene matters is most urgently required. A substantial programme of work has been included in the estimates for the coming financial year, and my thanks are due to the County Education Officer and to the County Architect for their co-operation.

Infectious Disease

Although the incidence of infectious diseases among school children has, generally speaking, been satisfactorily low, the number of cases of poliomyelitis notified in the county during 1953 is the highest ever recorded. In all age groups 150 cases occurred, exactly fifty per cent having paralysis; while about one-third (49) of the cases, and one death, were in children between the ages of 5 and 15 years. Only 14 (29 per cent) of the cases in this group, however, suffered from paralysis.

A disproportionately high incidence of the disease was observed in the rural portion of the eastern area of the county during the late autumn, and consultations took place between medical officers of the Ministry of Health and of the districts concerned, and the local general practitioners. By the end of the year the weekly notification of cases ceased completely.

Health Education

During the year a refresher course was held for the staffs of health departments in Dorset by the Central Council for Health Education, and those who attended derived considerable benefit from the novel, but extremely effective methods of instruction which the Council have recently developed.

The new scheme for B.C.G. (*Bacillus Calmette Guerin*) vaccination of school leavers, embodied in a circular received from the Ministry of Health towards the end of the year, is affording the opportunity of applying the experience learnt at the above-mentioned refresher course to educational methods used in this connection.

Similarly, renewed efforts have been made to impress upon parents the need for having their children protected against diphtheria, and it is satisfactory to note that as a result the acceptance rate for immunisation increased almost immediately.

I am indebted to my Deputy, Dr. A. F. Turner, and Mr. V. W. V. Clarke, for the compilation of this report, and I also wish to place on record my appreciation of the loyal and willing assistance afforded me by the professional and clerical staff of the department.

ARTHUR A. LISNEY,
Principal School Medical Officer.

March, 1954.

STAFF OF SCHOOL HEALTH SERVICE

Central Staff

Principal School Medical Officer:
County Medical Officer of Health.

LISNEY, A. A., M.A., M.D., D.P.H.

Deputy Principal School Medical Officer:
Deputy County Medical Officer of Health.

TURNER, A. F., M.B., CH.B., D.P.H.

Administrative Assistant.

CLARKE, V. W. V., D.P.A.

Senior Assistant School Medical Officer:
Senior Assistant County Medical Officer of Health.
SCOTT, A. G., M.B., CH.B., D.P.H.

School Medical Officers:
Assistant County Medical Officers of Health.
ARMIT, A., M.B., CH.B., D.P.H.
EVANS, L. S., M.R.C.S., L.R.C.P., D.P.H.
LAWRENCE, I. B., B.SC., M.B., CH.B., D.P.H.
MAYES, J. B. M., M.B., B.S., D.P.H.
O'KEEFFE, E. J., M.R.C.S., L.R.C.P., D.P.H.
PEARSON, N. F., M.R.C.S., L.R.C.P., D.P.H.

Principal School Dental Officer.
PRETTY, P. J., L.D.S.

School Dental Officers.
ALLEN, J. M., B.D.S.
FLINT, M. F., L.D.S.
FOREMAN, W. R., L.D.S. (Commenced 1/6/53).
GIBSON, A. N. R., L.D.S.
HODGES, W. V. A., L.D.S.
TYAS, MRS. K. J., L.D.S. (Resigned 31/5/53).

Consultant Children's Psychiatrist.
WHILES, W. H., M.R.C.S., L.R.C.P., D.P.M.

Educational Psychologist (Education Staff).
TAYLOR, R. J. M., M.A., B.ED.

Psychiatric Social Worker.
FILLITER, MISS A. D.

Superintendent Health Visitor.
RANKLIN, MISS I. F., S.R.N., S.C.M., H.V.CERT.

School Nurses and Health Visitors.
ALLEN, MISS F. N., S.R.N., S.C.M., H.V.CERT.
BADSWORTH, MISS M. G., S.R.N., S.C.M., H.V.CERT.
(Resigned 10/4/53).
BULLOCK, MRS. M. E., S.R.N., S.C.M., H.V.CERT.
CRISP, MISS I. M., S.R.N., S.C.M., H.V.CERT., D.S.A.
FOULDS, MISS M. J., S.R.N., S.C.M., H.V.CERT.
(Commenced 26/5/53).
FULLER, MISS M. E., S.R.N., S.C.M., H.V.CERT.
HARWIN-RICKETTS, MRS. M. V., S.R.N., S.C.M.

JORGENSEN, MISS P. K., S.R.N., S.C.M., H.V.CERT.
MACK, MISS O., S.R.N., S.C.M., H.V.CERT.
METCALF, MRS. J. W., S.R.N., S.C.M., H.V.CERT.
POTT, MISS J. F., S.R.N., S.C.M., H.V.CERT.
READ, MISS L. M., S.R.N., S.C.M., H.V.CERT., D.S.A.
RICHARDSON, MISS I. F., S.R.N., S.C.M., H.V.CERT.
TATE, MISS M. C., S.R.N., S.C.M., H.V.CERT.
(Resigned 30/6/53).
TROTMAN, MISS V., S.R.N., S.C.M., H.V.CERT.
TRUSCOTT, MISS M. S. R., S.R.N., S.C.M., H.V.CERT., D.S.A.
WALKER, MISS M. M., S.C.M., S.R.N., H.V.CERT., D.S.A.
(Commenced 1/7/53).
WARVILL, MISS E. I., S.R.N., S.C.M., H.V.CERT.
WHEELER, MISS C. R., S.R.N., S.C.M., H.V.CERT.
WHITE, MISS W., S.R.N., S.C.M., H.V.CERT.

Speech Therapists.
O'DRISCOLL, MISS N. M., L.C.S.T.
BARTELS, MISS M., L.C.S.T. (Resigned 28/1/53).
DARBOURNE, MISS S. M., L.C.S.T. (Commenced 14/1/53).

Assistant Superintendent Health Visitors.
HEATHER, MISS G., S.R.N., S.C.M., H.V.CERT.
HUNT, MISS R., S.R.N., S.C.M., H.V.CERT.

County Sanitary Officer and Sanitary Engineer.
KING, F. M. W., F.S.E., M.I.S.E., M.R.SAN.I., M.S.I.A.

Assistant County Sanitary Officer.
PARRY, A. H., M.R.SAN.I., M.S.I.A.

Oral Hygienist.
EVANS, MISS S.

Dental Attendants.
BANKS, MISS A. A.
CLARKE, MISS S. M. S. (Commenced 1/9/53).
GILL, MRS. M. C. H. (Resigned 31/8/53).
GRAY, MRS. J. R. (Resigned 31/8/53).
HARDING, MISS M. P. (Commenced 19/10/53).
LAVER, MISS D. E. R. (Commenced 9/11/53).
MACKINNON, MRS. L. (Resigned 7/11/53).
ROSE, MISS D. W.
STUDLEY, MISS Q.

Poole Excepted Area.

School Medical Officer:
Poole Area Medical Officer.
HUTTON, J., M.D., CH.B., D.P.H.

Deputy School Medical Officer:
Assistant County Medical Officer of Health.
SINCLAIR, J. A., M.B., CH.B., D.P.H.

Assistant School Medical Officer:
Assistant County Medical Officer of Health.
WILLIAMSON, H. C., M.B., B.CH., D.P.H.

Dental Officer.
RIMMER, W. K., L.D.S.

Assistant School Dental Officers.

ALLEN, R., L.D.S. (Resigned 29/1/53).
SULLIVAN, J. M., L.D.S. (Commenced 20/4/53).
THOMAS, C. E., L.D.S.

Assistant Superintendent Health Visitor and School Nurse.

KINGSBURY, Miss M. M., S.R.N., S.C.M., H.V.CERT.

School Nurses and Health Visitors.

BROOKS, Miss H. E., S.R.N., S.C.M., H.V.CERT.
HALL, Mrs. V. M., S.R.N., S.C.M., H.V.CERT.

KOSTER, Miss I. F., S.R.N., S.C.M., H.V.CERT.

KUSEL, Miss V. M., S.R.N., S.C.M., H.V.CERT.

LEVER, Miss L. B., S.R.N., S.C.M., S.R.F.N.

NARBETT, Mrs. V., S.R.N., S.C.M., H.V.CERT.

PHILLIPS, Miss M. A., S.R.N., S.C.M., H.V.CERT.

PORTER, Miss K. F., S.R.N., S.C.M., S.R.F.N., H.V.CERT.

STAPLEY, Mrs. M., S.R.N., S.C.M., H.V.CERT.

Dental Attendants.

FORREST, Miss G.

MATTISON, Mrs. E. T.

NICHOLLS, Miss R. N.

South Dorset Divisional Executive.

South Dorset Area Medical Officer.

WALLACE, E. J. G., M.B., CH.B., D.P.H.

Assistant School Medical Officer:

Assistant County Medical Officer of Health.

WARD, C. A. G., M.B., B.S.

School Dental Officers.

MASON, Mrs. M. D., B.D.S. (Commenced 1/7/53).

STEWART, D. J., B.D.S.

School Nurses and Health Visitors.

ALLGOOD, Miss D. B., S.R.N., S.C.M., H.V.CERT.

BROCK, Miss L. M., S.R.N., S.C.M., H.V.CERT., D.S.A.

HUGHES, Mrs. V. M., S.R.N., S.C.M., H.V.CERT.

RICHARDSON, Miss G. F., S.R.N., S.C.M., H.V.CERT.

STEMBRIDGE, Miss I., S.R.N., S.C.M., H.V.CERT.

(Commenced 2/3/53).

SUNDERLAND, Miss D., S.R.N., S.C.M., R.S.C.N., H.V.CERT.,
D.S.A.

Dental Attendants.

LANGSDON, Miss M. J. (Commenced 1/7/53).

WOOD, Miss A. B.

POPULATION

The population of Dorset as estimated by the Registrar General at June, 1953, was 299,360.

Schools and Scholars.

At the end of 1953 there were 260 maintained schools in the county. The types of schools can be seen from the following table:—

Type.	South Dorset Area.	Poole.	County Area.	Total.
Primary	25	24	176	225
Secondary Modern	4	5	8	17
Grammar	2	2	13	17
Art (Poole School of Art) ..	—	1	—	1
Totals ..	31	32	197	260

The average numbers of children on the school registers during the month of September, 1953, were as follows:—

Area.	Primary.	Secondary Modern.	Secondary Grammar.	Total.
County Districts	15,561	1,417	3,459	20,437
Poole Excepted Area	7,186	2,454	1,274	10,914
South Dorset Divisional Executive	4,492	1,327	872	6,691
Totals ..	27,239	5,198	5,605	38,042

The total of 38,042 pupils may be compared with the figure of 36,163 in 1952, 34,984 in 1951, and 32,598 in 1948.

COORDINATION

There have been no major changes in the administration of the school health service since the last report, and collaboration between the school health service, the general practitioners, and the specialists continues to improve. There is growing recognition that the work performed by the full-time public health officers in the field of child health demands a wide knowledge of educational, social and welfare services.

The Minister of Education said in her speech given to the Society of Medical Officers of Health on the 22nd October, 1953:—

‘I hope to see more and more education in our schools with regard to cleanliness and the benefit of clean habits, knowledge of how the body works and that it is a machine which has to be looked after, and if we can get the cooperation of the teachers in this I think we shall see a real advance. We have to advance. Do not let us have any idea that we can relax. As I said, it is an inspiration for going further on because as we progress we can look further to preventive work. Here I think an enormous amount can be done between the schools and the public health service in order to see how we can go further with this work, dealing more with the individual child.’

The Minister also referred to the School Dental Service:—

‘I had always been in favour of priority for mothers and children; surely that is common sense. I am not an expert knowing about these things, but a glimmer of common sense tells me that it is better to look after the teeth of children and adolescents rather than spend the time providing dentures for people of ninety and over! If the job is done properly the next generation will not need dentures. . . I feel so strongly about this, in the Bill I introduced—The Miscellaneous Provisions Bill—I put in a clause to make it perfectly clear that it was a duty of the local education authorities to provide a school dental service; this had never been done in any Act before.’

The Miscellaneous Provisions Bill is now on the statute books, and gives local education authorities full responsibility for providing an adequate dental service. Dental staff is available in Dorset, but the clinics and equipment facilities in the county are of a low standard. During the past few months the Chairman of the Special Services Sub-Committee visited the various clinics and provision has now been made for an additional dental caravan, the re-decoration of clinics, improved dental chairs, and electric motors to replace the old foot-operated drills. These improvements will be greatly appreciated by the dental officers working in rural areas where conditions were most unfavourable compared to the excellent facilities at Dorchester, Weymouth and Poole.

MEDICAL INSPECTION

There has been no change in the arrangements for routine medical inspections during the year, and all children attending maintained schools are examined in accordance with the provisions of the Education Act, 1944, at the following ages:—

- (a) As school entrants at the age of five years;
- (b) During the child's last year in the primary school at the age of ten to eleven years;
- (c) As school leavers. In practice this examination takes place at the age of fourteen to fifteen years, as it is not always known which pupils will be remaining at school after the statutory school leaving age.

Special inspections of all children found to have defects which require to be kept under observation, are also undertaken as required.

FINDINGS OF MEDICAL INSPECTIONS

Uncleanliness. The figures for scabies, impetigo, ringworm and verminous conditions, excluding the Poole Excepted and South Dorset Executive Areas, are still falling and, with the exception of ringworm, are limited to a hard core found chiefly among problem families. Ringworm is still too prevalent, 37 children being excluded during the year in the rural areas of the county alone.

<i>Impetigo.</i>				<i>Scabies.</i>				<i>Verminous.</i>				<i>Ringworm.</i>			
1950	1951	1952	1953	1950	1951	1952	1953	1950	1951	1952	1953	1950	1951	1952	1953
63	52	60	65	15	16	8	12	76	46	54	41	56	40	58	37

The school nurses still continue to carry out routine school inspections for verminous and chronic skin conditions. Altogether 97,403 examinations were made and it is felt that this work should continue as the results still give rise to concern. A good nurse can discover many other defects when carrying out routine cleanliness inspections and her time is, therefore, not wasted, even if no verminous cases are discovered at the inspection.

Nutrition. The assessment of nutrition has been carried out by the same school medical officers over the past few years so that the statistics give a fairly accurate assessment of the position; the satisfactory trend mentioned in previous reports is continuing. There is an appreciable change from Categories B (fair nutrition) to A (good), and the numbers in the C class (poor) have now reached a hard core of less than one per cent.

Malnourished children are now rare, and the number of physically well developed children included in category A is appreciably greater than the number in category B (fair).

Age Groups (Whole County).	A (Good)				B (Fair)				C (Poor)			
	1950	1951	1952	1953	1950	1951	1952	1953	1950	1951	1952	1953
	per cent.	per cent.	per cent.	per cent.	per cent.	per cent.	per cent.	per cent.	per cent.	per cent.	per cent.	per cent.
Entrants	58.98	56.36	53.89	54.75	39.41	42.53	45.44	44.62	1.61	1.11	0.67	0.63
Second Age Group ..	54.63	56.26	57.97	62.16	44.19	42.64	41.48	37.40	1.18	1.10	0.55	0.44
Third Age Group ..	58.71	69.91	73.25	64.67	40.17	29.62	26.05	34.79	1.12	0.47	0.70	0.54
Total ..	57.38	59.62	59.81	59.78	41.29	39.43	39.56	39.67	1.33	0.95	0.63	0.55

Nose and Throat Conditions. During the year 386 defects requiring treatment were found at school medical inspections. These defects are not decreasing as rapidly as might be expected, taking into consideration improved social conditions, but the sequelae, such as rheumatism and scarlet fever, have shown a substantial decrease.

Respiratory Diseases. A total of 200 cases were kept under observation, and 113 required some form of medical or surgical treatment. Chest infections are preventable and closely linked with defects of the nose and throat, and more attention must be paid to the instruction of mothers in child care before any further appreciable fall can be expected in the incidence of these diseases.

Defects of Vision. There were 1,640 cases of refractive error or squint requiring treatment, and glasses were prescribed for 1,439 children. There is no waiting list for orthoptic treatment or eye operations in West Dorset, and in Poole the situation is reasonably satisfactory in this respect.

Ear Disease and Hearing. Altogether 42 cases of otitis media required treatment during the year, and there have been 136 cases of defective hearing requiring treatment and observation.

Dental Defects. Few abnormalities were noted apart from caries and orthodontic defects. No reports were received on fluorosis (mottling of the teeth) due to excessive fluorine in the water. The optimum figure to prevent caries is one part per million, and the result of tests on 13 samples taken in the county was less than 0.05 parts per million.

INFECTIOUS DISEASE

The following table shows the number of exclusions from schools on account of infectious disease, excluding the Poole Excepted and South Dorset Divisional Areas where no records are kept. It should be noted that the figures do not relate solely to actual cases, but also to contacts. In many of the common diseases the case only is excluded, contacts being allowed to continue at school, so that the table gives a fairly accurate picture of the incidence of these diseases.

Poliomyelitis has again been most serious in 1953, the total number of cases notified being 151, which was the highest number ever recorded in the county in any one year. Twenty-nine of the cases were under five years of age, and in this age group 59 per cent showed signs of paralysis. In school children, aged 5-15 years, 49 cases occurred of which only 14, or 29 per cent, were paralytic. Sixty-seven cases occurred in adults over 15 years and 54 per cent developed paralysis. Of the school children affected, twice as many males as females were involved, but the percentage of paralysis was about the same in each sex. The highest concentration of cases occurred in the east of the county, particularly in the vicinity of Gussage All Saints, Gussage St. Michael, Horton and Witchampton. Most of the cases in this local epidemic occurred during the last two months of the year, and the intervals between cases were within the normal incubation period.

Disease.	Cases.					
	1948	1949	1950	1951	1952	1953
Chickenpox	379	394	290	520	563	477
Coughs and Colds	117	111	145	232	98	162
Conjunctivitis	19	17	27	23	21	12
German Measles	11	14	12	49	148	90
Influenza	4	95	120	720	10	194
Measles	311	757	416	1,169	140	1,073
Mumps	262	926	169	144	459	226
Poliomyelitis	4	12	34	—	—	20
Scarlet Fever	47	39	62	49	15	40
Sore Throats	11	7	8	12	19	24
Whooping Cough	330	230	261	291	245	268
Other Diseases	79	89	92	171	183	219
Totals ..	1,574	2,691	1,636	3,380	1,901	2,805

DIPHTHERIA IMMUNISATION

Propaganda measures were taken over a period of two months in the Spring of 1953 in order to increase the percentage immunised among the child population. The Central Council for Health Education gave advice, and information was disseminated by radio, the press, the cinemas and posters, and the health visitors paid special attention to the subject at welfare clinics during the campaign. The public responded very well and the percentage of children protected is now 77·17 per cent. The importance of maintaining a high degree of immunity by booster injections at regular intervals after the initial protection has been stressed by the Ministry of Health, who have asked for information on the subject to be supplied in future years not only on the total number of children who have been protected in the past, but also on the degree of protection at the present time.

(Number of children as at 31/12/53 who had completed a course of diphtheria immunisation at any time before that date).

	Children under 5 at 31/12/53.						Children 5—15 at 31/12/53.			Total.
	Under 1	1—	2—	3—	4—	Total.	5—9	10—14	Total.	0—15
County Area	73	1,067	1,507	1,821	1,833	6,301	10,934	8,275	19,209	25,510
Poole	8	550	830	852	998	3,238	6,329	4,945	11,274	14,512
Weymouth and Portland	31	355	530	566	612	2,094	4,528	2,665	7,193	9,287
Total ..	112	1,972	2,867	3,239	3,443	11,633	21,791	15,885	37,676	49,309

B.C.G. VACCINATION

B.C.G. Vaccination of children who are contacts of cases of pulmonary tuberculosis continues as previously reported and 190 children, of whom 79 were of school age, were vaccinated during the year.

The Ministry of Health has recently advised local authorities that the procedure can be extended to include all school children at the termination of their thirteenth year who are not Mantoux positive, that is all children who have not already been in contact with the disease. It is hoped to commence vaccination in the Dorchester area in the near future and the consent of parents will be obtained in each case. The incidence of notified tuberculous disease in school children is, of course, low, only 23 out of a total of 209 cases notified in 1953 being in respect of these age groups and, as would be expected, the majority (14) were non-pulmonary. The new scheme aims at protecting the susceptible young adult who will be subject to new stresses and strains and to the greater risk of acquiring infection on leaving school.

FOLLOWING-UP

The work of following-up defects until they have been remedied continues. Parents are advised to take their children to the family doctor, dental, speech therapy, ophthalmic or child guidance clinics for treatment. If children do not attend after hospital appointments have been made for them the follow-up procedure is also put into operation. Very few failed to attend for treatment after investigation, but in such cases the Inspector of the National Society for the Prevention of Cruelty to Children is called in to visit the family.

MEDICAL TREATMENT

Arrangements for obtaining medical treatment remain unaltered. Before a child is referred to a hospital, the general practitioner is advised and given the option of referring the case himself. This method works very well and keeps the family doctor fully informed; an important precaution as he may have to act at any time in an emergency. More spontaneous information on cases from the general practitioner would be welcome, but it is appreciated that the school health service is not an emergency service and full details of any particular case can be obtained from the general practitioner, if necessary, before any action is taken.

Difficulty in obtaining statistics of hospital discharges was mentioned in my last report, and it is satisfactory to note that some progress has been made in this respect during the year. These reports are of considerable assistance to the education authority, both in dealing with individual cases and also from the wider aspect of preventive medicine.

Minor Ailments

The satisfactory reduction in the number of minor ailments requiring clinic treatment has been maintained. In the past, children attended clinics with impetigo, verminous conditions, scabies, ringworm, running ears, septic cuts, chronic bronchitis, chronic tonsillitis and chronic upper respiratory infections. The improved standard of child care has eliminated the majority of these preventable conditions, as the figures given throughout this report indicate. It is still necessary, however, to maintain sessions at clinics for minor ailments in large urban areas, but otherwise the few cases occurring can be dealt with locally, either by the family doctor or the health visitor on an individual basis.

<i>Year.</i>	<i>Poole.</i>	<i>South Dorset.</i>	<i>County Area.</i>	<i>Total.</i>
1947	11,854	5,368	2,506	19,728
1948	13,378	6,505	1,327	21,210
1949	9,982	6,134	312	16,428
1950	1,136	1,315	15	2,466
1951	1,718	1,238	20	3,006
1952	1,707	1,438	28	3,173
1953	1,211	1,086	—	2,297

The minor ailment clinics provided in the county are as follows:—

<i>Centre.</i>	<i>Address.</i>	<i>Open on.</i>	<i>Times.</i>	<i>Medical Officer in attendance.</i>
Blandford ..	Salisbury Street ..	As required		No.
Dorchester ..	County Clinic, Glyde Path Road ..	As required		On call.
Poole ..	67, Market Street ..	Monday and Thursday	9 a.m.	Monday.
	Shillito Road, Parkstone ..	Tuesday and Friday	9 a.m.	Friday.
	Hamworthy School ..	Tuesday and Friday	9 a.m.	Tuesday.
	Henry Harbin School ..	Thursday	9 a.m.	2nd and 4th Thursday in month.
	Broadstone Women's Institute ..	Thursday	9 a.m.	1st, 3rd and 5th Thurs- day in month.
	Kemp Welch School ..	Wednesday	9 a.m.	Yes.
	Herbert Carter School ..	Tuesday and Friday	10.45 a.m.	Tuesday.
	Trinidad School ..	Monday	2.15 p.m.	No.
	Sylvan School ..	Tuesday	2.15 p.m.	No.
Portland ..	Tophill Junior Mixed School ..	Monday and Wednesday	10 a.m.	No.
	Easton Methodist Schoolroom ..	Friday	2 p.m.	Alternate Fridays.
	Fortuneswell Methodist Hall ..	Tuesday	2 p.m.	Alternate Tuesdays.
Shaftesbury ..	Shaftesbury Secondary Modern School Hut	Monday	9 a.m.	No.
Weymouth ..	Health Centre, Westham Road ..	Monday to Saturday	9 a.m.	Monday to Friday.
	Broadway Secondary Modern School	Monday and Thursday	2 p.m.	Monday.
	Galwey Road, Wyke Regis ..	Wednesday	2 p.m.	Yes. Except first Wednesday in month.
	Wyke Regis Infants' School ..	Tuesday and Friday	2 p.m.	No.

Vision

The vision of every school child is tested by the time the age of eight years is reached, and those in whom defects are discovered are referred to a consultant ophthalmologist at one of the sight testing clinics in the county. Eye conditions such as squint are, of course, now treated by specialists of the regional hospital board. In addition to this, colour vision is tested at the intermediate medical examination with the exception of the South Dorset area, where routine testing is under consideration; at present only special cases are tested on request.

Ophthalmic Treatment

The school ophthalmic service is now carried out by the two hospital management committees in Dorset, and there is no waiting list for children.

Provision of Spectacles

To no other section of the population is the provision of spectacles so important as children at school, defective eyesight being an extremely serious handicap educationally which may adversely influence the whole life of the child; it is pleasing to report that there is no delay in the provision of glasses.

During 1953 spectacles were prescribed for 1,439 children, and although the figures regarding the number of spectacles obtained are not known, the absence of complaints from parents and teachers during the year points to a satisfactory supply position. This is confirmed by health visitors visiting the schools. The repair and replacement of glasses is arranged by the two hospital management committees in the area.

External Eye Disease

It is often found that little is done about minor conditions affecting the eyes and eyelids until they are noted at school medical inspections. This is particularly the case with blepharitis, which is sometimes seen as an almost chronic condition and can be cured immediately with penicillin or one of the other anti-biotics. During the year 234 cases of external eye disease were dealt with at minor ailments clinics, and 109 referred to the family doctor.

Other Eye Diseases

Children with minor conditions of the eyes are seen at minor ailment clinics, but generally speaking diseases of the eyes are referred to the child's private practitioner.

Auditory?

Orthopaedic Treatment

The treatment of minor orthopaedic defects in schools and clinics remains unaltered. Provision has now been made in Westhaven Hospital, Weymouth, for long-stay orthopaedic cases, and it would be desirable if all long-stay cases at present at Alton and Bath could eventually be transferred there.

DENTAL INSPECTION

The Principal School Dental Officer reports on the work of the dental officers in the county as follows:—

‘The progress made in the school dental service during the year continues, and a net increase of one dental officer brings the number employed to eleven, as against ten at the end of 1952. The total establishment remains at twelve.

‘We have been very fortunate in this county in appreciably increasing our staff during the last two or three years, which has made it possible to reduce the arrears of work which accumulated from 1949 onwards. This reduction is, unfortunately, not yet complete, and has been somewhat retarded by the continued increase in the school population.

‘It has now been possible in some of the urban areas to re-open part-time clinics which are being re-decorated and supplied with dental equipment of a more permanent nature, including operating chairs and electric engines. These clinics will be in use until such time as new premises are built in the various parts of the county; a new building is now under construction at Hamworthy and it is anticipated that this will be followed by a second at Swanage.

‘The two mobile dental clinics are still in full use and a third was delivered during the year under review. Although this has assisted the problem caused by the shortage of accommodation, a fourth is necessary. These mobile clinics, which are trailer caravans, are fitted with complete dental equipment and can be connected to the main electricity and water supplies at any school. They are used chiefly in the rural and smaller urban areas, and have many advantages over the use of school rooms and halls where only portable equipment can be employed.

‘An inspection of the service was carried out in April by a medical officer from the Ministry of Education. During his visit he visited several clinics, and a rural school where one of the dental officers was working. General aspects of inspection and treatment were discussed including clinics, equipment, reduction of accumulated arrears and staffing.

‘One of his recommendations was that, although there was still one unfilled vacancy, there should be an increase in the establishment. It has already been mentioned that the present establishment is twelve, which was the approved figure in 1948, since when, however, the school population has increased by approximately 6,000, which is equivalent to the case load of two dental officers.

‘When the service is understaffed the periods between successive routine inspections are necessarily increased. During these longer intervals many teeth will, therefore, have become unsalvageable and have to be treated by extraction. If the intervals were reduced to not more than one year, a high proportion of these teeth could be saved by conservative treatment.

‘Preventive treatment is the aim of the school dental service, and it is not possible to achieve this with inadequate staff. A child should have the opportunity of having regular treatment at least once a year, but if this is not available premature loss of one or more temporary or permanent teeth may result, adversely affecting the dental health and possibly the general health of the child for many years.’

REMEDIAL EXERCISES

The following report has been prepared by Miss Sebestyen, remedial exercises organiser:—

‘The number of remedial classes in the county now appears to be stabilised. There are fifty-four classes in the county area, twenty-four in Poole, and seventeen in the South Dorset area.

‘There has been an increase in the number of children recommended for remedial exercises at rural schools where classes are not practicable; these children come directly under the supervision of the organiser, but as numbers grow it becomes increasingly difficult to supervise them adequately. This work alone involves 203 children at seventy schools.

‘Many opportunities have been taken during the year of talking to parents both at clinics and at parent-teacher associations, and it is obvious that they are appreciative of the work done in the schools. In addition to good and careful school instruction in these exercises there is a need for regular “home-work”, which is continually emphasised in order to effect a lasting cure. The formation of good habits of posture must be laid down during early childhood.

‘Following on the plan to organise basic courses throughout the county, three well-attended sessional courses have been held during the year at Wareham, Sherborne and Gillingham.

‘A residential course was held for a week during the summer holidays at Clyffe House School, which proved an admirable centre for this purpose. A series of very interesting lectures on Anatomy was given by Dr. A. G. Scott, Senior School Medical Officer, practical work was demonstrated with children, and well-known speakers gave some excellent lectures illustrated with specially prepared slides.

‘Work in the asthma clinics has continued and appears to be well worth while; the waiting list in Poole has been considerably reduced.

‘The Dorset remedial film “Children’s Feet” has been in steady demand during the year, by training colleges and education authorities all over the country.’

SPEECH THERAPY

The speech therapy clinics continue as in previous years. There are three in Poole, two in the South Dorset area and ten in the remainder of the county. In some of the more remote rural areas it is necessary to hold special sessions for a period of some months so as to deal with outstanding cases; the speech therapist then moves on to another district. It has been found by experience that this is the most expeditious way of arranging speech therapy in widely scattered rural areas.

In reviewing the work of the speech therapists, the most noticeable characteristic is the very varied types of problems dealt with. When a child is referred to a speech clinic, the degree of defect is determined and an attempt made to ascertain its cause. Speech may be formless, unintelligible or undeveloped for many reasons; some of the commonest being mental defect, deafness (total or partial), malformation of the speech organs, obstruction in the throat or nose, psychological factors, environmental conditions or damage to the central nervous system; or to a combination of two or more of these factors. Usually the school medical officer is in no doubt as to his diagnosis but there is also a large group of doubtful cases and, in dealing with them, a report from the speech therapist may be of great assistance.

During the year under review 271 children were treated, 112 were discharged, and there were 123 children still under treatment at the end of the year. The number of attendances was 3,385.

OPEN-AIR EDUCATION

The Chief Medical Officer of the Ministry of Education in his reports for the years 1950 and 1951 commented at some length on this aspect of school health, and was critical of the arrangements made by some authorities. In Dorset, however, the small number of suitable cases does not justify the provision of special open-air schools in the county, and it is, therefore, more economical to make arrangements for the very few delicate children to be admitted to schools sponsored by other authorities.

The new schools being erected throughout the country have all the best features of the open-air schools of the past, and it is to be hoped that the term 'open-air school' will disappear in time from the list of special educational establishments.

COOPERATION OF PARENTS

There is at present a lively interest in health matters among parent-teacher associations, and a number of talks to these groups have been given during the year by the school medical officers. These talks cover such subjects as infectious disease with special reference to poliomyelitis, measles, whooping cough and tuberculosis. In accordance with Circular 22/53 of the Ministry of Health, talks will be given to these associations to explain the purpose and procedure of B.C.G. Vaccination against tuberculosis. The value of diphtheria and whooping cough immunisation has also been discussed.

The National Survey of the Health and Development of Children dealing with a group born in the first week of March, 1946, is amassing a unique fund of information on accidents, illness, growth and development, which should eventually provide norms for the growth of school children not at present existing on a national scale. All local authorities are cooperating in this Survey which is being controlled centrally by the Institute of Child Health (University of London).

The cooperation and help of parents have been greatly appreciated in these matters.

COOPERATION OF TEACHERS

This has remained excellent. Teachers take considerable trouble in arranging facilities for medical inspection in schools, where accommodation is often limited. They are a source of information and reliable advice on handicapped children, and I would particularly like to mention the considerable assistance a teacher can give to the school medical officer when a child is being graded as ineducable or educationally subnormal; teachers are to be complimented on the care with which they complete the relevant forms.

COOPERATION OF SCHOOL ATTENDANCE OFFICERS

When prolonged absence from school is due to illness the case is investigated by the county health department. Since the introduction of the National Health Service Act, school attendance officers have found their work complicated by the fact that medical practitioners need not give certificates of unfitness to attend school, unless the parents are in danger of prosecution. Frequently the assistance of my department is requested, and difficulties cleared up by consultation with private practitioners.

COOPERATION WITH GENERAL PRACTITIONERS

The system of notifying the family doctor before referring a child to a specialist, adopted four years ago, is working well and no alterations are suggested. This arrangement keeps the family doctor informed and relieves him, if he so wishes, of making the necessary arrangements himself. General practitioners are making increasing use of the local authority services, especially speech therapy and child guidance, and also of health visitors for domiciliary visits and advice to families.

COOPERATION OF VOLUNTARY BODIES

Arrangements with the National Society for the Prevention of Cruelty to Children remain unchanged. It is pleasing to record that only three cases of school children were referred during the year. On the other hand, the inspector frequently cooperates in connection with younger children, and these problems seem to have been resolved before the children reach school age.

The National Association for the Blind and the British Red Cross Society both render invaluable service to handicapped school children under Section 28 of the National Health Service Act.

PROVISION OF MILK AND MEALS

Provision of Milk

At the beginning of the year there were 257 schools in Dorset receiving supplies of milk under the milk in schools scheme, and of this number 218 schools were supplied with pasteurised milk and 39 with tuberculin tested.

During the year one supplier gave up delivery of pasteurised milk to three rural schools in the west of the county. Every effort was made to obtain a designated supply for these schools, with the result that it was possible to obtain tuberculin tested milk for two whilst arrangements were made with a local producer to supply non-designated milk from an attested herd to the third.

Dairymen are reluctant to undertake long journeys for the purpose of supplying schools with small quantities of milk, and this is the main difficulty in endeavouring to obtain graded supplies for rural schools.

At the 31st December, 1953, the number of schools in the county participating in the milk in schools scheme had increased to 260, and the grades of milk were as follows:—

Pasteurised	..	..	223
Tuberculin tested	..	..	36
Non-designated	..	..	1

Only 4.23 per cent of the schools (eleven) were receiving milk in bulk containers, the remainder being supplied with 1/3rd-pint bottles and drinking straws.

Close supervision is maintained of the school milk supplies, and the following table gives details of the results of the bacteriological examinations of samples taken during the year by sampling officers of the county health department:—

Pasteurised.		Tuberculin tested.		Ungraded.		Total number of samples.	Number of schools Sampled.
Pass	Fail	Pass	Fail	Pass	Fail		
1,603	56	198	80	2	1	1,940	229*

* Sampling of milk at 31 schools in the Borough of Poole was carried out by the borough sanitary inspectors.

In addition to the bacteriological sampling of milk, 33 samples were submitted for biological examination for tubercle and all proved negative.

Unsatisfactory laboratory reports in respect of samples of pasteurised milk were investigated by the county sanitary officers, and information regarding adverse reports on samples of raw tuberculin tested milk was sent to the county milk production officer, Dorset Agricultural Executive Committee, with a request that investigations be made at the place of production.

Compared with 1952, there was a higher number of unsatisfactory samples of raw tuberculin tested milk, but the overall results for 1953 compare very favourably with those of the previous year, and the position in respect of the supply of milk to school children in Dorset remains satisfactory.

Provision of Meals

I am grateful to the county education officer for supplying the following information relating to the provision of meals to schools in the county:—

Number of schools in the county receiving meals at 1st January, 1953	..	..	..	253
Number of schools in the county not receiving meals at 1st January, 1953	..	..	..	3
Number of schools in the county receiving meals at 31st December, 1953	..	..	..	253
Number of schools in the county not receiving meals at 31st December, 1953	..	..	..	3
Number of new kitchens opened in 1953	..	..	..	3
Number of new dining rooms (not classroom arrangements) opened in 1953	..	..	..	Nil
Number of schools provided with washing-up facilities in 1953	..	..	..	6
Daily average number of meals served in 1953	..	..	..	19,304
Percentage of school population taking meals	..	..	..	51.79%

It is satisfactory to be able to report once again that there was no outbreak of sickness which might have been attributed to the consumption of a school meal. This reflects credit on all concerned.

HEALTH EDUCATION

The Central Council for Health Education gave a series of lectures and demonstrations in Dorchester for one week, which was attended by assistant county medical officers and health visitors. This course was greatly appreciated and should help the standard of health teaching in schools.

An increased number of lectures was given by assistant medical officers and dental officers in schools and to parent-teachers' associations. This work, which is frequently illustrated by films, will be considerably extended in conjunction with B.C.G. Vaccination of school children against tuberculosis.

PHYSICAL EDUCATION

The county physical education officer, Mr. J. Hayfield, reports as follows:—

‘During the year the Ministry of Education published Part II of the revised scheme of physical education for primary schools, entitled “Planning the Programme”. This publication, together with Part I (“Moving and Growing”), replaces the “Syllabus of Physical Training for Schools, 1933”.

‘The new syllabus is without question a landmark in the developing history of physical education. There are no formulated tables of exercises set out as pre-conceived lessons. When a whole class works simultaneously to a common standard there is a great danger that for many children the result is an automatic repetition of exercises which have no real challenge or interest.

‘The new scheme expects that teachers will select from the wide variety of movements and activities suggested, work which is fully appropriate to the needs of the particular class concerned according to conditions of the school, the equipment available, and the skill of the pupils. As opposed to formal exercises, the particular emphasis will be to see that every pupil is working to full individual capacity throughout the lesson.

‘The new syllabus will be welcomed by the thoughtful teacher, for it gives full opportunity for the adaptation of work to the varying needs of different schools. There is also now a much wider range of activities in the scheme, and these will require greater effort and greater skill from the children.

‘The opening of new modern schools means that many more older pupils have now opportunities in physical education, vastly different from their past experience. For some it is a new experience to have indoor accommodation, and for all it is a revelation to work in an equipped gymnasium. The playing fields, the facilities for a variety of outdoor games and athletic activities, and the existence of changing rooms and showers, all add up to justify this bringing together of older children. At first, the least popular opportunity is the shower bath, and much persuasion is required to bring about the desired change in attitude.

‘The staffing position of teachers in physical education is satisfactory on the men’s side, but there is still a shortage of women. Teachers in all types of Dorset schools continue to show great enthusiasm for their work, and they are always willing to attend courses in order to learn new activities and to improve their teaching.

‘The County School Camps at Carey, Wareham, and Blashenwell at Kingston, near Corfe Castle, again had a most successful season. At Carey, during a session of seventeen weeks, a total of 1,652 campers attended, and at Blashenwell there were 246 campers in ten parties. Apart from the unique opportunities the camps afford for narrowly defined educational activities which cannot be carried out in schools, a week under canvas does more good for children, both socially and physically, than could a week spent in almost any other way.

‘In the field of inter-school and representative sport, despite the fact that rain interfered with so many summer engagements, the teachers’ associations are to be congratulated on continued development. Boxing is the one exception. In keeping with the present national attitude to this sport, interest and enthusiasm have waned to a marked degree and boxing now flourishes in only a few schools. The reason may lie in the fact that too many consider the essence of boxing to be competition and elimination, and too few consider it to be a sport and an art.’

HANDICAPPED CHILDREN

It is not proposed to comment at length on handicapped children as a fairly long account of arrangements in this county was given in my report for 1951. There are now no children being educated at private residential establishments, all handicapped children being placed either in special schools and hostels provided by the Dorset County Council or by other local education authorities. There is also a tendency to educate more handicapped children in ordinary schools, especially those with physical defects. If handicapped children can be brought up in their normal home surroundings, attending ordinary schools without detriment to the education of themselves or other scholars, this should always be the arrangement of choice; the tendency to do this in Dorset has been noted and favourably commented upon by Her Majesty’s Inspectors.

Educationally Subnormal Children

The opening of a day special school at Wimborne will be a welcome addition to the facilities at present available in the county for the education of retarded children. Wimborne is a convenient centre, and children for Poole Borough will attend in addition to those living in the vicinity.

At present Clyffe House has to admit, in addition to court cases, children in care, from unsuitable homes, those manageable in day special schools, and cases which could have attended a day special school had one been available.

If further schools could be opened in other areas of the county, it would reduce the pressure for places at Clyffe House and in other local education authority boarding schools.

Maladjusted Children

Penwithen Hostel for maladjusted children continues to give excellent results. During the year 9 children stabilized sufficiently to return to their own homes and reports on children who have left the Hostel are, on the whole, good, showing that their stay there had the necessary stabilizing effect. Many of the ‘old pupils’ have formed a close association with Mr. and Mrs. Knight, and continue to write to them and keep in touch in other ways.

During the year, 17 fresh cases of maladjustment were ascertained for the first time. These are children who are so severely maladjusted that they require special facilities to effect their personal, social or educational readjustment. This figure bears no relation to the total number of children seen in the child guidance clinic as early cases can be dealt with there without any special arrangement being made for their education. An authority with an excellent child guidance service might, of course, expect to find the number of children requiring hostel placement to be small; early treatment can often solve the fundamental problems underlying the case, without resorting to drastic measures such as removing the child from its own family.

Penwithen Hostel opened on the 6th December, 1950, and up to the end of 1953 a total of 36 children (20 boys and 16 girls) had been admitted. The accommodation is for 9 girls and 9 boys; 3 boys and 4 girls being admitted during 1953. During the year 4 boys and 5 girls have been discharged and all children remaining in the Hostel are progressing satisfactorily.

Blind and Partially Sighted Pupils

Three new cases were placed in these categories during the year and the total number of blind and partially sighted pupils is now 17. There was no difficulty in obtaining suitable vacancies in schools for the blind and there were only 3 partially sighted pupils on the waiting list at the end of 1953.

Deaf and Partially Deaf Pupils

These children can now be placed in special schools without much difficulty as this provision has improved. The number ascertained during the year was 7 and the total number of deaf and partially deaf pupils is now 41. There are 5 cases on the waiting list for special residential placement.

The partially deaf category includes all children with defects of hearing except those who are deaf. The recognition of this defect is most important as children can be regarded as backward or even mentally defective, when the real cause is partial deafness. The Ministry of Education have asked what facilities are available for ascertaining partially deaf children at an early age. The answer seems to be that this rests almost entirely with the parent, family doctor and health visitor, and that a combination of these three should pick up most cases at an early age.

Physically Handicapped and Delicate Pupils

There were 9 new cases of physical handicap and 5 delicate children ascertained during the year. In these categories there is a total of 94 cases and 6 are still awaiting admission to special schools. There is still difficulty in placing severely handicapped children especially those with double incontinence, spastic cases, and dual handicaps, but the overall situation is showing some improvement.

Epileptics

One new case was notified during the year and there is now a total of 7 cases on the register. A child is not classified as being epileptic unless special residential schooling is required. There are, of course, a number of cases of epilepsy able to attend ordinary schools as their attacks are infrequent and mild in nature, and they are able to mix with ordinary children and learn to regard an epileptic attack as a temporary nuisance rather than a major catastrophe.

Statistics

Examinations of Handicapped Pupils during 1953				
	No. ascertained as handicapped pupils for the first time during 1953.	No. of handicapped pupils re-examined during 1953 and retaining the same category.	No. of handicapped pupils re-examined and regraded under the following categories during 1953.	Totals.
Blind	—	—	—	—
Partially sighted	3	2	—	5
Deaf	2	1	—	3
Partially deaf	5	—	—	5
Delicate	5	13	—	18
Educationally subnormal	81	61	3	145
Epileptic	1	2	—	3
Maladjusted	17	1	—	18
Physically handicapped	9	8	—	17
Multiple defects	6	7	4	17
Section 57 (3) cases	14	1	8	23
Section 57 (4) cases	—	—	—	—
Section 57 (5) cases	—	—	9	9
Removed from list	—	—	7	7
Totals	143	96	31	270

These figures only give the numbers of examinations where a definite grading was made, and a large number of children were also examined who were not graded educationally. Some of these are found to be normal, or more likely to have some disability which required medical treatment only and not special education.

Handicapped Pupils in Dorset—Position as at 31/12/53

Category.	Handicapped Pupils in Special Schools.		Handicapped Pupils admitted to Special Schools during the year.		Handicapped Pupils discharged from Special Schools during the year.		Handicapped Pupils added to waiting lists during the year.		Total number of Handicapped Pupils with names on one or more waiting lists.		Number of children ascertained as Handicapped Pupils and recommended for education in Special Schools and not yet on waiting lists.		Number of Handicapped Pupils not attending any school on the recommendation of the Principal School Medical Officer.		Number of Handicapped Pupils receiving Home Tuition under Section 56 of the Act.		Number of Handicapped Pupils whose parents refuse to give consent for admission to Special Schools.		Number of Handicapped Pupils recommended to receive special educational treatment in ordinary schools.	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
Blind	3	1	1	1	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Partially Sighted	2	3	—	1	—	1	2	—	3	—	—	—	2	—	1	—	—	—	1	2
Deaf	15	1	3	3	1	1	—	3	1	3	1	—	—	—	—	—	—	—	—	—
Partially Deaf	4	7	1	—	—	1	1	—	1	—	—	1	—	1	—	—	1	—	4	3
Physically Handicapped and Delicate	8	8	6	4	16	6	2	4	3	3	1	1	8	4	8	5	4	2	31	30
Educationally Subnormal	52	15	20	4	17	2	34	2	25	2	5	11	4	1	—	—	18	9	236	131
Maladjusted	11	9	8	5	4	5	6	7	4	4	—	—	2	—	—	—	—	—	17	6
Epileptic	—	2	—	1	—	2	—	—	—	—	—	—	—	1	—	1	—	2	—	2
Totals	95	46	39	19	39	19	46	16	37	12	7	13	16	7	9	6	23	13	289	174

B—Boys. G—Girls

CHILD GUIDANCE

The following is a report of the consultant psychiatrist:—

'The year has been a busy and successful one for the child guidance service. Although still working under the handicap of inadequate premises, particularly in the Poole Area, a larger number of children than ever have been seen. During the year, 52 more children were seen than during any previous year. Two sessions a week are still held at Poole, one at Dorchester and one at Weymouth. A fortnightly session is now being held at Sherborne and sessions at Bridport monthly.

'The medical sources still provide the greatest number of referrals, 76 per cent of the children during 1953 being sent by school medical officers or general practitioners. Behaviour problems constitute the commonest reason for consultation (44 per cent). However, when symptoms such as enuresis, speech problems and psycho-somatic symptoms showing nervous manifestations are added to those children specially referred because of nervous problems, this group forms 35 per cent of referrals. By far the commonest age range is children in the junior school group, forming 59 per cent of the total seen.

'Of the new children seen during the year, it was found that 32 per cent of those on whom investigation was completed, diagnosis and advice was all that was needed; 44 per cent needed some form of treatment; about half required intensive psychiatric treatment and the other half a more superficial treatment approach.

'As is to be expected, those children who have received intensive psychiatric treatment are those amongst whom the most successful results are seen. As will be seen from the figures below, the intensive psychiatric treatment cases which it has been possible to close during 1953, show that 22 children (88 per cent) can be regarded as satisfactory adjustments.

'Of the 245 cases carried forward into 1954, there are 29 awaiting intensive psychiatric treatment as soon as the opportunity allows. Clinic facilities and clinical time available at present, make it unlikely that these children can be taken on for the treatment that they need in the very near future, and it has to be borne in mind that the longer treatment is delayed the more difficult it is to get a satisfactory result.

'In addition to the regular child guidance work, all members of the team visit Penwithen Hostel regularly and the psychiatric social worker keeps in close touch with the parents of these children and those in other residential places, in order to help the readjustment of home attitudes in preparation for the child returning home.'

The consultant psychiatrist has also made regular visits to the London County Council School for maladjusted children at Buckshaw House. During the year 10 children have been examined there. Visits have also been paid to Clyffe House School to see children who show emotional and behaviour problems in addition to educational difficulties.

Statistics

Total number of children seen during 1953	384
Children brought forward from 1952 ..	229
New cases seen during 1953	155
Children awaiting investigation on 31/12/53	14
Cases closed during 1953	139
Total number of children under observation or treatment on 31/12/53	245

Analysis of New Cases investigated during 1953.

Sources of referral of new cases:

School Medical Officers	59
General Practitioners	55
Education Officer and Head Teachers ..	19
Children's Officer	3
Speech Therapist	1
Paediatrician	4
Probation Officers	4
Other Sources	10

Problems for which children were referred:

Behaviour problems	69
Nervous symptoms	28
Educational problems	16
Enuresis	16
Speech problems	3
Special advice	15
Psycho-somatic symptoms	8

Age Groups:

Pre-school age	6
Infant school age	17
Junior school age	83
Secondary school age (Modern)	35
(Grammar)	14

Recommendations made on new cases:

Still under investigation	25
Diagnosis and advice only	49
Superficial treatment	37
Intensive treatment advised	32
Residential placement advised	8
Referred to other agencies	2
Left area	2

Children under Intensive Psychiatric Treatment during 1953.

Brought forward from 1952	21
Commenced treatment during 1953 ..	25
Stopped treatment during 1953	25
Carried forward to 1954	21

Analysis of Intensive Psychiatric Treatment.

Cases closed during 1953:

Satisfactory adjustment	22
Admitted residential schools or hospitals ..	2
Removed from area	1
	25

Analysis of all Cases closed during 1953.

Diagnosis and advice only	65
Transferred to other agencies	6
Moved to other areas	6
Satisfactory adjustment after C.G. treatment	45
Uncooperative or unsatisfactory response ..	17

Psychiatric Interviews.

Diagnostic	159
Re-examination	325
Treatment	492
Total interviews with children	976
Total interviews with parents and others ..	278
Total interviews by Psychiatrist	1,254

Psychiatric Social Worker.

Number of visits made by Psychiatric Social Worker	293
Number of clinic interviews by Psychiatric Social Worker	406
Number of interviews with other officials ..	32

Educational Psychologist.

Number of clinic sessions attended by Educational Psychologist	141
Number of children interviewed by Educational Psychologist	635

JUVENILE DELINQUENCY

Reports to Juvenile Courts

Children are medically examined prior to attendance at juvenile courts, and special reports are made giving details of any defects, physical or mental, which are found together with any important family history or other details affecting the welfare of the child. During the year 134 such reports were issued in the county area as compared with 140 in 1952 and 93 during 1951. I have much pleasure in placing on record my appreciation of the assistance given to this department by the senior probation officer and his staff and his advice, special reports and ready action have often been of the greatest help in bringing various problems to a satisfactory conclusion, often preventing the need for formal action.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

During the year the school health service has supplied youth employment officers with nearly 3,000 special reports for boys and girls about to leave school. By this means it is possible to give a report on each child, and materially add to the information the youth employment officer requires at the time of the vocational guidance interview. In addition, when children register for employment and no medical report has been received, the cooperation between the youth employment officers and the school medical officers results in these young people being called in for special examination.

In the case of physically handicapped children special reports are prepared and forwarded with the parents' consent, where it is desired to register the child as a disabled person.

SCHOOL HYGIENE

The sanitary survey of maintained schools in the county was completed early in the year, and a report presented subsequently to the County Council. Altogether 220 schools were inspected, including schools in the Poole Excepted area and the South Dorset Divisional Executive area. I am indebted to the county district medical officers and sanitary inspectors for their ready cooperation and, when required, assistance in carrying out this survey.

Throughout the country a keener interest is being shown in sanitary arrangements at schools and the Eighth Report of the Select Committee on Estimates, published during the year, recommended that careful consideration should be given by the Ministry of Education to the condition of old schools. They also recommended that a national survey of the older schools in the country should be undertaken by the Ministry. Whether or not this recommendation is adopted such a survey should not be required in Dorset in view of that which has recently been completed.

The position regarding the sanitary condition at the schools in this county which were inspected is as follows:—Fifty schools (22·7 per cent) had inadequate sanitary accommodation by present day standards; seventy-two schools (32·7 per cent) had pail closets; whilst at fifteen schools vault closets were still in use. Regarding facilities for handwashing, it was found that seventy-six schools (34·5 per cent) had inadequate equipment to enable handwashing to be carried out satisfactorily; and at fourteen schools no equipment of any kind was provided.

As to school buildings generally, the emphasis in Dorset has since the last war been on the provision of new schools, and there is no doubt that excellent progress has been made. In addition, works of improvement have been carried out at a number of schools, and it is probable that much more would have been done had it not been necessary, on the grounds of economy, to curtail the education development plan. The majority of schools surveyed were the voluntary type and in these cases lack of adequate funds often prevented the managers from making the same progress that has been possible at some of the controlled schools. Although the standard of school hygiene has over recent years been improved much remains to be done and it is to be hoped that the responsible authorities will allocate adequate funds for this purpose.

STATISTICAL APPENDIX

TO THE SCHOOL MEDICAL OFFICER'S REPORT

Year ended 31st December, 1953.

The figures relate to the whole County.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

A.—Periodic Medical Inspections.				B.—Other Inspections.			
Number of Inspections in the prescribed Groups:—				Number of Special Inspections			
Entrants	..	..	4,608	Number of Re-inspections			
Second Age Group	..	..	3,652	Total			
Third Age Group	..	..	2,972				
Total			11,232				
Number of other Periodic Inspections							
Grand Total			11,232				

C.—Pupils found to require Treatment.

Group. (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table II A. (3)	Total individual pupils. (4)
Entrants	56	1,015	921
Second Age Group	250	606	740
Third Age Group	225	319	514
Total (prescribed groups)	531	1,940	2,175
Other Periodic Inspections	—	—	—
Grand Total	531	1,940	2,175

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1953.

Defect Code No.	Defect or Disease.	Periodic Inspections.		Special Inspections.	
		No. of defects.		No. of defects.	
		Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
	(1)	(2)	(3)	(4)	(5)
4	Skin	101	56	255	7
5	Eyes—(a) Vision	531	285	305	132
	(b) Squint	99	82	15	11
	(c) Other	58	53	212	24
6	Ears—(a) Hearing	41	67	16	12
	(b) Otitis Media	28	28	14	—
	(c) Other	19	38	85	10
7	Nose or Throat	323	594	63	46
8	Speech	31	111	17	12
9	Cervical Glands	46	124	8	16
10	Heart and Circulation	35	89	4	9
11	Lungs	104	182	9	18
12	Developmental:—				
	(a) Hernia	20	37	—	3
	(b) Other	33	116	2	5
13	Orthopaedic:—				
	(a) Posture	282	76	66	12
	(b) Flat Foot	281	124	60	10
	(c) Other	566	283	211	47
14	Nervous System:—				
	(a) Epilepsy	11	7	1	14
	(b) Other	1	10	1	1
15	Psychological:—				
	(a) Development	20	46	33	8
	(b) Stability	20	56	10	3
16	Other	70	144	1416	86

B.—Classification of the General Condition of Pupils Inspected during the year in the Age Groups.

Age Groups.	Number of Pupils Inspected.	A. (Good)		B. (Fair)		C. (Poor)	
		No.	%	No.	%	No.	%
		(3)	of col. 2 (4)	(5)	of col. 2 (6)	(7)	of col. 2 (8)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	4,608	2,523	54.75	2,056	44.62	29	0.63
Second Age Group	3,652	2,270	62.16	1,366	37.40	16	0.44
Third Age Group	2,972	1,922	64.67	1,034	34.79	16	0.54
Other Periodic Inspections	—	—	—	—	—	—	—
Total	11,232	6,715	59.78	4,456	39.67	61	0.55

TABLE III.
INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school nurses or other authorised persons ..	97,403
(ii) Total number of individual pupils found to be infested	353
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

TABLE IV.
TREATMENT TABLES.

GROUP 1.

Diseases of the Skin
(excluding uncleanness, for which see Table III).

	Number of cases treated or under treatment during the year.	
	by the Authority.	otherwise.
Ringworm— (i) Scalp ..	3	8
(ii) Body ..	10	1
Scabies	9	—
Impetigo	71	2
Other skin diseases ..	173	—
Total ..	266	11

GROUP 2.

Eye Diseases, Defective Vision and Squint.

	Number of cases dealt with.	
	by the Authority.	otherwise.
External and other, excluding errors of refraction and squint	234	109
Errors of refraction (including squint) ..	—	1,531
Total	234	1,640
Number of pupils for whom spectacles were		
(a) Prescribed ..	—	1,439
(b) Obtained ..	—	?

GROUP 3.

Diseases and Defects of Ear, Nose and Throat.

	Number of cases treated.	
	by the Authority.	otherwise.
Received operative treatment:		
(a) for diseases of the ear	—	62
(b) for adenoids and chronic tonsillitis ..	—	742
(c) for other nose and throat conditions ..	—	47
Received other forms of treatment ..	92	74
Total	92	925

GROUP 4.

Orthopaedic and Postural Defects.

(a) Number treated as in-patients in hospitals ..	28	
	by the Authority.	otherwise.
(b) Number treated otherwise, e.g. in clinics or out-patient departments	1,790	599

GROUP 5.

Child Guidance Treatment.

	Number of cases treated.	
	in the Authority's Child Guidance Clinics.	elsewhere.
Number of pupils treated at Child Guidance Clinics ..	384	—

GROUP 6.

Speech Therapy.

	Number of cases treated.	
	by the Authority.	otherwise.
Number of pupils treated by Speech Therapists	271	—

GROUP 7.

Other Treatment given.

	Number of cases treated.	
	by the Authority.	otherwise.
(a) Miscellaneous minor ailments	2,297	—
(b) Other than (a) above (specify):—		
1 In-patients ..	—	428
2 Out-patients	—	716
Total	2,297	1,144

TABLE V. *

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1) Number of Pupils inspected by the Authority's Dental Officers:—				(8) Number of teeth filled: Permanent Teeth				10,816
				Temporary Teeth				3,213
(a) Periodic	..	..	..	17,256				
(b) Specials	..	..	..	1,819				
Total (1)				19,075	Total (8)			14,029
(2) Number found to require treatment	..			14,239				
(3) Number referred for treatment	..	..		11,877				
(4) Number actually treated	..	..		8,587				
(5) Attendances made by pupils for treatment				24,135				
					Total (9)			12,189
(6) Half-days devoted to: Inspection	..			169½				
Treatment	..			4,253½				
Total (6)				4,423				
(7) Fillings: Permanent Teeth	..	..		12,039				
Temporary Teeth	..	..		3,484				
Total (7)				15,523				
					(10) Administration of general anaesthetics for extraction			3,961
					(11) Other operations: Permanent Teeth ..			4,613
					Temporary Teeth ..			2,281
					Total (11)			6,894

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